



Placer County 401(k) Plan 452101
PARTICIPANT CHANGE AUTHORIZATION FORM

Check the boxes below for all that apply (If no boxes are checked, this form will be rejected and will not be processed):

☐ CHANGE AMOUNT OF CONTRIBUTION ☐ SUSPEND CONTRIBUTIONS ☐ CATCH-UP PROVISION

Changes to your investment elections, including rebalancing your Plan account or requesting fund transfers, must be done by accessing your account on-line at <https://calpers.voya.com> or by calling the toll-free Plan Information Line at 1-800-260-0659. Investment fund changes submitted on this form will not be accepted.

1. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: _____
CalPERS ID: _ _ _ _ _
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
WORK PHONE: _____ HOME PHONE: _____ E-MAIL: _____

2. CHANGE CONTRIBUTION AMOUNT

1. Check the box below, and enter the dollar amount you currently contribute **by payroll deduction**, to the Placer County 401(k) Plan per pay period, and the dollar amount you want to contribute.

☐ I hereby **elect to change** my contribution amount **FROM \$** _____ **TO \$** _____ per pay period.

2. Check the box below for "Next qualifying pay period", and your new contribution amount will commence the month following the date on which you make this election, unless you enter a specific effective date below.

Request change to be effective: ☐ Next qualifying pay period **OR** ☐ Specific date ____ / ____ / ____.

3. Check the box below, and enter the dollar amount you currently contribute to the Placer County 401(k) Plan in lieu of health insurance per pay period, and the dollar amount you want to contribute.

☐ I hereby **elect to change** my contribution amount **FROM \$** _____ **TO \$** _____ per pay period.

4. Check the box below for "Next qualifying pay period", and your new contribution amount will commence the month following the date on which you make this election, unless you enter a specific effective date below.

Request change to be effective: ☐ Next qualifying pay period **OR** ☐ Specific date ____ / ____ / ____.

3. SUSPEND CONTRIBUTIONS

1. Check the box below to suspend contributions to the Placer County 401(k) Plan.

☐ I hereby **elect to suspend** contributions.

2. Check the box below for "Next qualifying pay period", and your contribution will be suspended the month following the date on which you make this election, unless you enter a specific effective date below.

Request change to be effective: ☐ Next qualifying pay period **OR** ☐ Specific date ____ / ____ / ____.

4. CATCH-UP PROVISION

If you are age 50 or older, you may take advantage of contributing more than the annual limit. Check the box indicating you will use the catch-up method.

☐ I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method.

5. SIGNATURES REQUIRED

PARTICIPANT'S SIGNATURE: _____ DATE: _____

EMPLOYER'S SIGNATURE: _____ DATE: _____

Please submit your completed form by fax or mail:

Placer County Personnel Office
145 Fulweiler Avenue, Suite 200
Auburn, CA 95603

If you have any questions, you may call the Help Line at 1-800-260-0659, or to obtain additional plan or account information, please access your account at <https://calpers.voya.com>. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).